U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, c: civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13084	2. Fiscal Year Covered From	
	01 / 01 / 2004 Through: 12/ 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Paul A Morales	Name Asbestos Workers AFL-CIO LU 132	
	Labor Organization File Number 054-642	
P.O. Box, Bldg., Room No., if any 4C	P.O. Box, Building and Room Number, if any 206	
Street 1425 Liliha Street	Street 1707 Alakea Street	
City Honolulu	City Honolulu,	
State Hawaii ZIP Code+4 96817	State Hawaii ZIP Code + 4 96813	

Enter appropriate data below if, during the past flocal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instruct cr.s):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			

Sig	nature
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15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this legar (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and pelief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed and Moralina	on 8/12/05	808 330-1628				
	Date	Telephone Number				

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Asbestos Workers of Hawaii Pension Trust XX a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 625 c. Employer 677 Ala Moana Blvd. Street Honolulu City ZIP Code+4 96813 State HI 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Labor Trustee for the Asbestos Workers Name Fund, which is a Taft-Hartley defined contribution benefit plan. Attend quarterly Trade Name, if any: & annual meeting & educational conference & seminars. P.O. Box, Bldg., Room No., if any Street See attach Approximate dollar value of such dealing. City 12.a. Nature of interest hald or income received. Keep information with the latest information ZIP Code + 4 State to make improvements for participants. Food, lodging, airfare & expense are provided for pertaining business. Meeting - \$329.00 Conference \$8,087.53

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or (including trade name, if any).	abor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

12.b. Amount.

\$8,417.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Asbestos Workers Of Hawaii Supplemental XXa. Labor Organization Unemployment Benefits Trust Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any 625 c. Employer Street 677 Ala Moana Blvd. City Honolulu ZIP Code +4 96813-5419 State Hawaii 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Labor Board of Trustee. Name To see that contributions received is for the exclusive purpose of providing benefits Trade Name, if any: to participants and their beneficiaries and defray reasonable expenses of administration. P.O. Box, Bldg., Room No., if any Street See attach 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest haid or income received. Attend quarterly & annual meeting. ZIP Code + 4 State \$9.00 12.b. Amount.

<ol> <li>Name and address of Employer or (including trade name, if any).</li> </ol>	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Asbestos Workers Training Fund XX a. Labor Organization Trade Name, if any: b. Trust 625 P.O. Box, Bldg., Room No., if any . c. Employer Street 677 Ala Moana Blvd. City Honolulu ZIP Code + 4 96813-5419 State HI 11.a. Nature of such dealing. Labor Trustee for Board & Substitute 10. If 9.b. or 9.c. is checked give trust or employer's name. Instructor. Provide participants in the Name Industry adequate training to be a skilled worker and to defray reasonable expenses of Trade Name, if any: administration cost necessary to obtain P.O. Box, Bldg., Room No., if any employment. Street 11.b. Approximate dollar value of such dealing. See attach City 12.a. Nature of interest hald or income received. Instructors Fees: \$125.00 ZIP Code + 4 State 4.00 Meeting: 12.b. Amount. \$129.00 C. Received from any employer (other than an employer covered under parts A and B above)

or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Asbestos Workers of Hawaii Health & Name Welfare XX a. Labor Organization Trade Name, if any: b. Trust 625 P.O. Box, Bldg., Room No., if any c. Employer Street 677 Ala Moana Blvd. Honolulu City ZIP Code + 4 96813-5419 ΗI State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's пате Educational Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. See attach City 12.a. Nature of interest held or income received. Educational Conference to keep informed ZIP Code + 4 State of medical, dental, drug up dates \$2,421.00 12.b. Amount.

or from any labor relations consultant to a	er than an employer covered in employer any payment of m	oney or other thing of value.
13.a. Name and address of Employer or La (including trade name, if any).	bor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, cr (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Asbestos Workers of Hawaii Supplemental Trust Pension Trust XX a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer 677 Ala Moana Blvd. Street City Honolulu ZIP Code + 4 96813-5419 State HI 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. **Educational** Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. See attach City 12.a. Nature of interest hald or income received. Educational Conference to keep informed ZIP Ccde + 4 State of pension improvements \$4,383.00 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

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<u> </u>	A	SBESTOS W		i dintri i or		
		Information for	r LM-30	- 		
Union member: Fiscal Year:	<del></del>					
	<u> </u>	MEETING	GS			
FUND	DATE	PLACE	PER PERSON	COMMENTS		
	Ĭ.					
Pension	3/4/04	Fisherman's	\$29.51 \$284.07			
ļ !	5/14/04 11/16/04	Turtle Bay Fisherman's	\$264.07 \$35.15			
!	subtotal	rtsnennans	\$328.73			
i '	annane.	İ				
SUB	3/4/04	Fisherman's	\$0.82			
	5/14/04	Turtle Bay	\$7.35			
	11/16/04	Fisherman's	\$0.98			
	subtotal		\$9.15			
Teologo	3/4/04	Fisherman's	\$0.34			
Training	5/14/04	Turtle Bay	\$3.01			
ļ	11/16/04	Fisherman's	\$0.40			
•	subtotal		\$3.75			
<b>,</b>		1	6244 62			
<u></u>	TOTAL	CONFEREN	\$341.63			
FUND	DATE	PLACE	PER PERSON	COMMENTS		
10						
Pension	5/27-31/04	HUB Conf.	\$1,338.46			
ŀ	6/13-18/04	Trust & Admin	\$2,870.47			
	11/29-12/4/04	50th Annual	\$3,878.60			
	subtotal		\$8,087.53			
SPF	5/27-31/04	HUB Conf.	\$725.32			
[ ~.	6/13-16/04	Trust & Admin	\$1,555.54			
	11/29-12/4/04	50th Annual	\$2,101.86			
	subtotal	-	\$4,382.72			
	5 107 34 IDA	LILLE Conf	\$420.81			
H&W	5/27-31/04 6/13-16/04	HUB Conf. Trust & Admin	\$850.59			
	11/29-12/4/04	50th Annual	\$1,149.32			
	subtotal		\$2,420.72			
			244 200 07			
	TOTAL	TRAININ	\$14,890.97			
		INSTRUCTOR				
1	DATE	AMOUNT	PERIOD			
i '	6/3/2004	\$125.00	1/04 - 4/04			
1	TOTAL	\$125.00				
		<i></i>	——————————————————————————————————————			
		RECAF	٠			
		Meetings		<b>\$341</b> .63		
		Conference		\$14,890.97		
ţ		Training	_	\$125.00		
1						

TOTAL

\$15,357.60

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